

ADDITIONAL SCORE REPORT REQUEST FORM

Note: Your score report can be printed at no charge from the MTEL website for two years after the score report date listed on the “Scores” page. Visit www.mtel.nesinc.com and log in to your account.

If you need to request a copy of your score report after the 2-year period, it will be posted as a PDF file to your account within 2 to 4 weeks of receipt of your request. You will be sent an email when the score report has been posted to your account, and you will be able to access it for two years.

**Mail to: Massachusetts Tests for Educator Licensure
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9013**

IMPORTANT INFORMATION

- Allow two to four weeks from receipt of request for delivery.

FEE

Additional copy of score report.....\$10 per copy for each test date

Make check or money order payable to Evaluation Systems. Payment must be made in U.S. dollars. DO NOT SEND CASH.

1. Name

[illegible]

2. Address

☐ Check here if address is different from address on original registration.[illegible]

P.O. Box or Street Address

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City or Town

--	--

State

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ZIP Code

City or Town

State

ZIP Code

3. MEPID

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4. Social Security Number or Department-Issued ID Number

X	X	X	X	X				
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5. **Customer Number** (found in your account at www.mtel.nesinc.com)

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6. Telephone Numbers

Daytime

[illegible]

Area Code

Evening

[illegible]

Area Code

7. **Test Date:** Indicate the test date(s) for which you are requesting the additional copies of your score report.

- ☐ Paper-based test date: _____
- ☐ Computer-based test date: _____

8. **Test(s)** for which you require an additional copy of your score report (see “Tests”):

Test Code	Test Name	Test Code	Test Name

9. The fee for an additional copy of your score report is **\$10 per copy for each test date**. Please enclose a check or money order for the correct amount payable in U.S. dollars to Evaluation Systems. Do not send cash.

Indicate the amount enclosed: \$

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10. I certify that I am the person whose name and address appear on this form.

Signature

Date

IF THIS FORM IS NOT SIGNED OR IS NOT ACCOMPANIED BY THE CORRECT PAYMENT, IT WILL BE RETURNED TO YOU UNPROCESSED.

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